

PEDIATRIC PALLIATIVE CARE PROGRAM

APPENDIX B: Key Elements of a Pediatric Palliative Care Plan

1. **Goals of Care** – Explicitly outlines what the child and family's philosophy of care is at the time (i.e. cure-directed treatments, considered interventions, avoid hospitalizations, etc.). This can and will change over time and therefore should be re-visited regularly as needed and with changes in the child's status (both improvements and declines in health).
2. **Decision-Making/Advanced Care Directives** – Discuss who is the primary decision maker (child, biological parents, foster guardian, etc.). Does the child have a COLST or advanced care directives? This can and will also change over time. ACD and Resuscitation orders may not be discussed early on in working with a family, but should be introduced as early as possible. This is where EOL planning and funeral planning would be documented, if appropriate.
3. **Pain & Symptom Management** – Include documentation of any scales being used to measure pain or symptoms. Even stating pertinent negatives is valuable in tracking a child's care over time. This is where the emergency symptom plan is documented.
4. **Child & Family Support** – Include any elements that are particularly important to each child and family, such as consideration to cultural or spiritual beliefs, siblings, contextual challenges that may be barriers to providing care (transportation, housing, etc.).
5. **Interventions** – Discuss action items carried out to address needs of child and family.
6. **Outcomes** – Discuss outcome of the action items and if they were successful, unsuccessful, on-going, etc.